



## EASTHAM POLICE DEPARTMENT

2550 State Highway • Eastham, MA 02642  
508-255-0551 • Fax: 508-255-5412



### REQUEST FOR POLICE RECORDS

Please submit the form below, either via mail or hand delivery, along with \$5.00 (for up to 6 pages) in cash or check payable to the Town of Eastham. Please indicate as to whether you would like your record mailed or you will pick it up. Your request may take several days. Please call prior to picking up your record to ensure it is ready.

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### REQUEST FOR POLICE RECORD

Your name: \_\_\_\_\_

Today's date \_\_\_\_\_

Incident number \_\_\_\_\_, or

Date or location of incident \_\_\_\_\_

Type of incident:

MV Crash \_\_\_\_\_ B&E/Larceny \_\_\_\_\_ Vandalism \_\_\_\_\_

L/F Property \_\_\_\_\_ Civil \_\_\_\_\_ Other \_\_\_\_\_

\$5.00 attached \_\_\_\_\_ check \_\_\_\_\_ cash

\_\_\_\_\_ I will pick up my record / contact number \_\_\_\_\_

\_\_\_\_\_ Please mail my record

Mailing address \_\_\_\_\_

*"In Partnership with our Community"*